



Board of Chosen Freeholders  
SALEM COUNTY DEPARTMENT OF HEALTH  
110 Fifth Street, Suite 400, Salem, NJ 08079  
(856) 935-7510 (8448)  
Fax: (856) 935-8483

## WELL INSTALLATION REQUEST FORM

STATE PERMIT #:

COUNTY PERMIT #:

MUNICIPALITY:

BLOCK:

LOT:

APPLICANT'S NAME:

APPLICANT'S  
MAILING ADDRESS:

INSTALLATION  
STREET LOCATION  
(If different):

WELL DRILLER:

DATE TO BE DRILLED:

TIME TO BE DRILLED:

PUMP INSTALLER:

DATE OF INSTALLATION:

INSTALLATION TIME:

EMERGENCY WELL? :      Yes

No

REASON FOR  
EMERGENCY:

**Note:** Requests for Inspection shall be made no later than **twenty four (24) hours prior** to the day of the start of all well installations. Other than emergency wells, **both** permit #'s must be indicated. Under no condition may any well be drilled without indicating the state permit #. There are no exceptions to these conditions. An occurrence of non compliance will result in a notice of violation

The hard copy of the county permit for emergency wells is expected to be submitted **immediately**. Your cooperation with forwarding copies of the state and county permits (for emergency wells) along with this request is appreciated.